

REMARKS

The Examiner is thanked for indicating the allowance of claims 3 – 8 and 11. The basis for continued rejection of claims 1 and 2 is set forth in paragraphs 9 and 10, namely as anticipated under 35 U.S.C. §102(b) or as obvious under 35 U.S.C. §103(a) over applicants own previous publication, Liao et al., IDS Document No. 27. Applicants respectfully submit that the Examiner has misinterpreted the teachings of Liao et al. The reference does not teach the current invention, but rather teaches away from it.

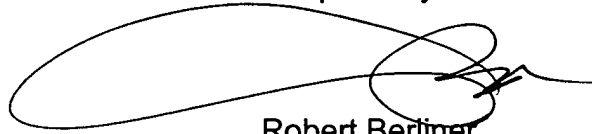
In this regard, step (D) of claim 1 diagnoses the presence of low grade lesions based on the observation that MN/CA9 antigen is absent from atypical cells but present on normal endocervical cells. This observation is not made by the Liao et al. reference. Liao et al. teaches that MN staining on normal endocervical cells indicates dysplasia (page 549, column 2, lines 5-7), which could very well be adenocarcinoma *in situ* (AIS). Liao et al. does not teach that the dysplasia is only low grade if atypical cells are not stained. Thus, the very core of step (D) of applicants' claim 1 is not taught by Liao et al.; rather, because Liao et al. does not distinguish between low grade and cancerous dysplasias, they teach away from the invention in that there is no reason from Liao et al. to believe that the distinction can be made.

The Examiner appears to justify a position that Liao et al. teaches the invention by stating the instant application teaches that dysplasia constitutes a low grade lesion but that is not true. See page 10 lines 30 - 31 of the specification where dysplasia is described as including AIS invasive carcinoma, (CA), neoplastic, malignant or tumor cells or the like and can also include LSIL (page 12, line 28). It is the degree of dysplasia that is diagnosed (page 26, lines 18 - 19).

Statistical analysis supporting step (D) of claim 1 and presented on page 27 and Table III on that page, showing excellent sensitivity, specificity and predicted values; 74 out of 74 smears showing only normal cell MN/CA9 immunoreactivity had no diagnosis of HSIL, AIS or CA, but did have a diagnosis of LSIL for Atypia.

Applicants respectfully request reconsideration of the rejection. If the Examiner believes it would be useful to discuss the cited Liao et al reference she is respectfully requested to telephone applicants' attorney at the number given below:

Respectfully submitted

A handwritten signature in black ink, consisting of a large, sweeping loop followed by a smaller, more intricate flourish.

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